

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) <b>1737.073REI0/LEA/VLC</b>
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: Medtronic AVE, Inc.</p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor Chirag B. Shah	Citizenship  <b>India</b>	
Residence/Mailing Address  <b>71 Achilles Way, North Attleboro, MA 02763</b>		
Inventor Laurel L. Wolfgang	Citizenship  <b>USA</b>	
Residence/Mailing Address  <b>1 Peach Lane, Townsend, MA 01469</b>		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <b>6,248,127</b>	Date of Patent Issued <b>June 19, 2001</b>	
Title of Invention <b>THROMBORESISTANT COATED MEDICAL DEVICE</b>		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: THROMBORESISTANT COATED MEDICAL DEVICE</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number ____/____</p> <p>and was amended on _____.</p> <p style="text-align: center; font-size: small;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 1737.073REI0/LEA/VLC	
At least one error upon which reissue is based is described as follows:			
<p>The sole independent claim (Claim 1) of the patent, in having an unrestricted expression of a medical device having a coating comprising the product of the reaction of a biopolymer and a silane selected from a specified group, could render the patent wholly or partially invalid in light of Nagata <i>et al.</i> (US Patent No. 4,082,727). Therefore, the patent could be construed as claiming more than the patentee had a right to claim. This error is avoided if claim 1 is restricted so that it can only be construed as limited to a medical device in which the coating comprises the product of the reaction of a biopolymer and a silane by covalent attachment of the silane to the surface of the medical device.</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. The applicant had no knowledge of the Nagata patent during the pendency of the patent. The Nagata patent came to the applicant's attention during the pendency of a divisional of this application, Application No. 09/862,710.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
<u>Michael J. Jaro</u>		<u>34,472</u>	
<u>Catherine C. Maresh</u>		<u>35,268</u>	
<u>Janis J. Biksa</u>		<u>33,648</u>	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 28390             </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">                 →             </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 10px;">                 Place Customer Number Bar Code Label here             </div>	
OR		Type Customer Number here	
<input checked="" type="checkbox"/> Firm or Individual Name		<u>Medtronic AVE, Inc.</u>	
Address		<u>3576 Unocal Place</u>	
Address			
City		<u>Santa Rosa</u>	State <u>CA</u>
Country		<u>USA</u>	
Telephone		<u>(707) 566-1746</u>	Fax <u>(707) 543-5420</u>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) <u>Michael J. Jaro</u>			
Signature <u>Michael J. Jaro</u>		Date <u>9/10/03</u>	
Address of Assignee <u>Medtronic AVE, Inc., 3576 Unocal Place, Santa Rosa, CA 95403</u>			